



Please type or print in ink.

2010 MAR 1 PM 6:01
A Public Document

NAME (LAST) Blumenthal	(FIRST) Robert	(MIDDLE) Joel	DAYTIME TELEPHONE NUMBER [redacted]
MAILING ADDRESS (Business Address Acceptable) [redacted]		STREET [redacted]	CITY [redacted]
STATE [redacted]		ZIP CODE [redacted]	OPTIONAL: E-MAIL ADDRESS [redacted]

1. Office, Agency, or Court

Name of Office, Agency, or Court:

State Assembly

Division, Board, District, if applicable:

40th AD

Your Position:

Assembly member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office

Date Left: ____/____/____

(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-OR-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: **7**

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-OR-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

2/16/10
(month, day, year)

Signature

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Blumenfeld

NAME OF BUSINESS ENTITY
Oppenheimer Funds & Money Market

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment Fund (no other stocks greater than \$2000)

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
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IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
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IF APPLICABLE, LIST DATE:
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 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <i>Blumenfeld</i>

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Open 4 Business Productions LLC

ADDRESS (Business Address Acceptable)

9336 W. Washington Blvd, Culver City 90232

BUSINESS ACTIVITY, IF ANY, OF SOURCE

TV Production Company

YOUR BUSINESS POSITION

wife. They used our home to shoot episodes of a TV show for several 4 days

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other *Use of home for 4 days for TV shoot*
They used kitchen, living room, family room & outside
(Describe)

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Liberty Hill Foundation

ADDRESS (Business Address Acceptable)

2121 Cleveland Blvd, suite 113

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Santa Monica, CA 90404

YOUR BUSINESS POSITION

wife is Executive Director/CEO on salary

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

▶ **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

BLUMENFIELD

► NAME OF SOURCE

California Democratic Party

ADDRESS (Business Address Acceptable)

1401 21st Street, Suite 200 Sacramento CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Democratic Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 08 / 09	\$ 73.27	Dinner Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Karen Bass for Assembly

ADDRESS (Business Address Acceptable)

777 S. Figueroa St. # 4050 Los Angeles CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Assemblymember

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 08 / 09	\$ 72.52	Jacket
01 / 08 / 09	\$ 11.95	Breakfast
01 / 26 / 09	\$ 59.55	Dinner

► NAME OF SOURCE

The American Israel Public Affairs Committee

ADDRESS (Business Address Acceptable)

6310 San Vicente Blvd #275 Los Angeles CA 90048

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Affairs Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 08 / 09	\$ 110	Annual Dinner Gala
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Building Industry Association

ADDRESS (Business Address Acceptable)

1215 K St. # 1200 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 09	\$ 93.75	Dinner Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Oracle

ADDRESS (Business Address Acceptable)

915 L Street Suite C202 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Enterprise Software Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 25 / 09	\$ 125	CA Democratic Party
___ / ___ / ___	\$ _____	Dinner Event
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Biotechnology Foundation

ADDRESS (Business Address Acceptable)

1215 K St., Suite 970 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 11 / 09	\$ 72.35	Dinner Meeting
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

► NAME OF SOURCE

Entertainment Software Association

ADDRESS (Business Address Acceptable)

575 7th St, NW, Suite 300, Washington DC 20004

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Software Company

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

09 / 01 / 09 \$ 162.74 Dinner Event

 / / \$

 / / \$

► NAME OF SOURCE

Karen Bass for Assembly

ADDRESS (Business Address Acceptable)

777 S. Figueroa St. # 4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Assemblymember

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

09 / 15 / 09 \$ 45.57 Breakfast Event

 / / \$

 / / \$

► NAME OF SOURCE

French Republic

ADDRESS (Business Address Acceptable)

2221 Kalorama Rd. Washington, DC 20004

BUSINESS ACTIVITY, IF ANY, OF SOURCE

French Ambassador Pierre Vimont

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

09 / 15 / 09 \$ 65 Dinner Event

 / / \$

 / / \$

► NAME OF SOURCE

Val Pac

ADDRESS (Business Address Acceptable)

7033 Owensmouth Ave. Canoga Park CA 91313

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political Action Committee

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

10 / 22 / 09 \$ 60 Dinner Event

 / / \$

 / / \$

► NAME OF SOURCE

Planned Parenthood Affiliates of California

ADDRESS (Business Address Acceptable)

555 Capitol Mall, Suite 510, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Family Planning

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

11 / 11 / 09 \$ 80.27 Awards Dinner Event

 / / \$

 / / \$

► NAME OF SOURCE

Alliance of Automobile Manufacturers

ADDRESS (Business Address Acceptable)

1415 L Street, Suite 1190 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Advocacy Group

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

12 / 03 / 09 \$ 67.63 Lunch Roundtable

 / / \$

 / / \$

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name BLUMENFIELD

► NAME OF SOURCE
Christine Spagnoli

ADDRESS (Business Address Acceptable)
100 Wilshire Blvd, 21st Floor Santa Monica CA 9040

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 17 / 09	\$ 75	Dinner Meeting
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>BLUMENFIELD</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

<p>▶ NAME OF SOURCE <u>City of Los Angeles</u></p> <p>ADDRESS (Business Address Acceptable) <u>1400 K Street, Room 208</u></p> <p>CITY AND STATE <u>Sacramento, CA</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Los Angeles Airport</u></p> <p>DATE(S): <u>01/01/09</u> - <u>12/31/09</u> AMT: \$ <u>250</u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Parking and shuttle service. Not subject to</u> <u>gift limit; used for state business.</u></p>	<p>▶ NAME OF SOURCE <u>Faith2Green, Coalition on the Enviro. & Jewish Life</u></p> <p>ADDRESS (Business Address Acceptable) <u>3637 Motor Ave, Suite 280</u></p> <p>CITY AND STATE <u>Los Angeles, CA</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): <u>11/14/09</u> - <u>11/22/09</u> AMT: \$ <u>2536</u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Israel Delegation Trip re: Clean Tech and</u> <u>bringing jobs back to California.</u></p>
<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: _____